

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92107

1. Entity Name

WORLD MEDICAL MANUFACTURING CORPORATION

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90012 010 \*\*\*150.00

Principal Place of Business Mailing Address  
13794 N.W. 4TH ST., SUITE 210 13794 N.W. 4TH ST., SUITE 210  
SAWGRASS INTERNATIONAL CORP PARK SAWGRASS INTERNATIONAL CORP PARK  
SUNRISE FL 33325 SUNRISE FL 33325-6217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0135550		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUGER, SIMON  
13794 N.W. 4TH ST., SUITE 210  
SAWGRASS INTERNATIONAL CORP PARK  
SUNRISE FL 33325

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE 4-1-00  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D SOLANO, SCOTT J	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13794 N.W. 4TH ST., BLDG 210		NAME	**SEE ATTACHED LISTING FOR ADDITIONS	
STREET ADDRESS	SUNRISE FL 33325		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S FASSLER, LAWRENCE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13794 N.W. 4TH ST., BLDG 210		NAME		
STREET ADDRESS	SUNRISE FL 33325		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V ELKINS, JEFF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13794 N.W. 4TH ST., BLDG 210		NAME		
STREET ADDRESS	SUNRISE FL 33325		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	EVP FUGER, SIMON	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13794 N.W. 4TH ST., BLDG 210		NAME		
STREET ADDRESS	SUNRISE FL 33325		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	EVP SPENCER, RICHARD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13794 N.W. 4TH ST., BLDG 210		NAME		
STREET ADDRESS	SUNRISE FL 33325		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V GREENAN, TREVOR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13794 NW 4TH STREET, BLDG #210		NAME		
STREET ADDRESS	SUNRISE FL 33325		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: Simon Fuger 4-1-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**DOCUMENT # M92107 - ATTACHED LISTING**

A0058168

**WORLD MEDICAL MANUFACTURING CORP.**

**TITLE** Chairman, Chief Executive Officer and Chairman of the Board of Directors  
**NAME** Andy Rasdal  
**STREET ADDRESS** 13794 N.W. 4th St., Bldg 210  
**CITY-ST-ZIP** Sunrise, FL 33325

**TITLE** President and Chief Operating Officer  
**NAME** Mel Schatz  
**STREET ADDRESS** 13794 N.W. 4th St., Bldg 210  
**CITY-ST-ZIP** Sunrise, FL 33325

**TITLE** Treasurer  
**NAME** Robert L. Ryan  
**STREET ADDRESS** 13794 N.W. 4th St., Bldg 210  
**CITY-ST-ZIP** Sunrise, FL 33325

**TITLE** Assistant Treasurer  
**NAME** Gary Ellis  
**STREET ADDRESS** 13794 N.W. 4th St., Bldg 210  
**CITY-ST-ZIP** Sunrise, FL 33325

**TITLE** Assistant Treasurer  
**NAME** Thomas C. Wilder III  
**STREET ADDRESS** 13794 N.W. 4th St., Bldg 210  
**CITY-ST-ZIP** Sunrise, FL 33325

**TITLE** Vice President  
**NAME** Margaret A. Osborne  
**STREET ADDRESS** 13794 N.W. 4th St., Bldg 210  
**CITY-ST-ZIP** Sunrise, FL 33325

**TITLE** Secretary  
**NAME** Mark A. Schlossberg  
**STREET ADDRESS** 13794 N.W. 4th St., Bldg 210  
**CITY-ST-ZIP** Sunrise, FL 33325

**TITLE** Assistant Secretary  
**NAME** Simon Fuger  
**STREET ADDRESS** 13794 N.W. 4th St., Bldg 210  
**CITY-ST-ZIP** Sunrise, FL 33325